

<i>SERFF Tracking Number:</i>	<i>MEAD-125863995</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Star Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>STAR-AR-CHEM-GL-3 FORMS-1008</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0002 Completed Operations</i>
<i>Product Name:</i>	<i>Star-MU-Chem-3 Forms-1008</i>		
<i>Project Name/Number:</i>	<i>Star-MU-Chem-3 Forms-1008/Star-MU-Chem-3 Forms-1008</i>		

## Filing at a Glance

Company: Star Insurance Company		
Product Name: Star-MU-Chem-3 Forms-1008	SERFF Tr Num: MEAD-125863995	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0002 Completed Operations	Co Tr Num: STAR-AR-CHEM-GL-3 FORMS-1008	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Louis Sugarman	Disposition Date: 11/04/2008
	Date Submitted: 10/20/2008	Disposition Status: Approved
Effective Date Requested (New): 12/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 12/01/2008		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Star-MU-Chem-3 Forms-1008	Status of Filing in Domicile: Authorized
Project Number: Star-MU-Chem-3 Forms-1008	Domicile Status Comments: Desk-filed in domicile Michigan for recordkeeping purposes.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/04/2008	
State Status Changed: 11/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Dear Sir or Madam:	

Star Insurance Company (Star) writes commercial lines of business, Star is a member of Insurance Services Office (ISO), and Star has authorized ISO to file rules and forms on our behalf in your state. For our Chemplan program, we hereby file to revise one independent form and to adopt two ISO-based independent forms. All three forms will be

<i>SERFF Tracking Number:</i>	<i>MEAD-125863995</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>STAR-AR-CHEM-GL-3 FORMS-1008</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0002 Completed Operations</i>
<i>Product Name:</i>	<i>Star-MU-Chem-3 Forms-1008</i>		
<i>Project Name/Number:</i>	<i>Star-MU-Chem-3 Forms-1008/Star-MU-Chem-3 Forms-1008</i>		

mandatory attachments to our Chemplan policies.

Attached please find strike-through and revised versions of each form. These forms are submitted on a prior approval basis, with a proposed effective date of 12/01/08.

Sincerely,

Louis Sugarman  
 Senior Compliance Analyst  
 Star Insurance Company  
 248-204-8228

## Company and Contact

### Filing Contact Information

Louis Sugarman, Sr. Compliance Analyst	lsugarman@meadowbrook.om
26255 American Drive	(248) 204-8228 [Phone]
Southfield, MI 48034	(248) 358-1614[FAX]

### Filing Company Information

Star Insurance Company	CoCode: 18023	State of Domicile: Michigan
26255 American Drive	Group Code: 748	Company Type: property and casualty
Southfield, MI 48034	Group Name: Meadowbrook	State ID Number:
(248) 358-1100 ext. [Phone]	FEIN Number: 38-2626205	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Filing or review of policy, contract, endorsements, certificates, applications \$ 50 PER SUBMISSION (No limit on # of forms in same submission)
Per Company:	No

*SERFF Tracking Number:*      *MEAD-125863995*      *State:*      *Arkansas*  
*Filing Company:*      *Star Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *STAR-AR-CHEM-GL-3 FORMS-1008*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0002 Completed Operations*  
*Product Name:*      *Star-MU-Chem-3 Forms-1008*  
*Project Name/Number:*      *Star-MU-Chem-3 Forms-1008/Star-MU-Chem-3 Forms-1008*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Star Insurance Company	\$50.00	10/20/2008	23333290

SERFF Tracking Number:	MEAD-125863995	State:	Arkansas
Filing Company:	Star Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	STAR-AR-CHEM-GL-3 FORMS-1008		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0002 Completed Operations
Product Name:	Star-MU-Chem-3 Forms-1008		
Project Name/Number:	Star-MU-Chem-3 Forms-1008/Star-MU-Chem-3 Forms-1008		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/04/2008	11/04/2008

*SERFF Tracking Number:*      *MEAD-125863995*      *State:*      *Arkansas*  
*Filing Company:*      *Star Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *STAR-AR-CHEM-GL-3 FORMS-1008*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0002 Completed Operations*  
*Product Name:*      *Star-MU-Chem-3 Forms-1008*  
*Project Name/Number:*      *Star-MU-Chem-3 Forms-1008/Star-MU-Chem-3 Forms-1008*

## **Disposition**

Disposition Date: 11/04/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MEAD-125863995 State: Arkansas

Filing Company: Star Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: STAR-AR-CHEM-GL-3 FORMS-1008

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0002 Completed Operations

Product Name: Star-MU-Chem-3 Forms-1008

Project Name/Number: Star-MU-Chem-3 Forms-1008/Star-MU-Chem-3 Forms-1008

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Pollution Exclusion - Clarifying Endorsement "Your Product"	Approved	Yes
Form	Chemplan Products Pollution Coverage and Chemical Products Redefined	Approved	Yes
Form	Products/ Completed Operations Hazard Redefined	Approved	Yes
Form	Products/ Completed Operations Hazard Redefined - Chemplan Program	Approved	Yes
Form	Misdelivery of Liquid Products Coverage	Approved	Yes
Form	Misdelivery of Solid or Liquid Products Coverage - Chemplan Program	Approved	Yes

SERFF Tracking Number: MEAD-125863995 State: Arkansas  
 Filing Company: Star Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: STAR-AR-CHEM-GL-3 FORMS-1008  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0002 Completed Operations  
 Product Name: Star-MU-Chem-3 Forms-1008  
 Project Name/Number: Star-MU-Chem-3 Forms-1008/Star-MU-Chem-3 Forms-1008

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Pollution Exclusion - Clarifying Endorsement "Your Product"	4383 GL	0804	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #: Approved Until Withdrawn or Revoked 11/05/04	0.00	4383 GL 0804 Pollution Exclusion - Clarifying Endorsement - Your Product.pdf
Approved	Chemplan Products Pollution Coverage and Chemical Products Redefined	4383 GL	0808	Endorsement/Amendment/Conditions	Replaced Replaced Form #:43.40 Previous Filing #:	43.40	4383 GL 0808 Chemplan Products Pollution Coverage and Chemical Products Redefined.pdf
Approved	Products/ Completed Operations Hazard Redefined	CG 2407	0196	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	0.00	CG 2407 0196 Products Completed Operations Hazards Redefined - Strike- Through.pdf
Approved	Products/ Completed Operations Hazard Redefined -	4767 GL	0808	Endorsement/Amendment/Conditions	Replaced Replaced Form #:31.80 Previous Filing #:	31.80	4767 GL 0808 Products Completed Operations

SERFF Tracking Number: MEAD-125863995 State: Arkansas  
 Filing Company: Star Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: STAR-AR-CHEM-GL-3 FORMS-1008  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0002 Completed Operations  
 Product Name: Star-MU-Chem-3 Forms-1008  
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Chemplan  
 Program

Hazard  
 Redefined -  
 Chemplan  
 Program.pdf

Approved Misdelivery of CG 2266 1185 Endorsement Withdrawn Replaced Form #:0.00  
 Liquid Products nt/Amendment/Conditions Previous Filing #:  
 Coverage

CG 2266  
 1185  
 Misdelivery  
 of Liquid  
 Products  
 Coverage  
 Strike-  
 Through.pdf

Approved Misdelivery of 4768 GL 0808 Endorsement Replaced Replaced Form #:25.90  
 Solid or Liquid nt/Amendment/Conditions Previous Filing #:  
 Products  
 Coverage -  
 Chemplan  
 Program

4768 GL  
 0808  
 Misdelivery  
 of Solid or  
 Liquid  
 Products  
 Coverage -  
 Chemplan  
 Program.pdf





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

*ChemPlan Products Pollution Coverage and Chemical*  
**POLLUTION EXCLUSION - CLARIFYING ENDORSEMENT**

~~"YOUR PRODUCT"~~ *Products Redefined*

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

1) Under Section I., Coverage A, 2. Exclusions, Exclusion f. Pollution does not apply to any "bodily injury" or "property damage" falling within the subparagraphs f. (1)(b), (c), or (d), or any loss, cost or expense falling within the subparagraph f. (2):

- a. From the time "your product" is placed in to use for its intended purposes(s);
- b. until "your product", any part of it, or any material containing "your product" is first taken out of use, abandoned, or transported, handled, stored, treated, disposed of, or processed as waste.

Waste includes materials to be recycled, reconditioned or reclaimed.

All other terms and conditions remain the same.

2) Section V - Definitions, Paragraph 21, "your product" paragraph c. is amended to read as follows:

c. Does not include vending machines or other property rented to or located for the use of others but not sold, but does include drums, totes, pails or other containers used to hold solid or liquid products.

*this is the new wording*

3) "Property Damage" Redefined for Chemical Cleanup  
Section V. Definition 17. "Property Damage", the  
following paragraph c. is added.

c. Loss, cost or expense arising out of the testing, monitoring, cleanup, removal, containment, treatment, detoxification, neutralization or other response to or assessment of the effects of "pollutants".

... "paragraph c does not  
apply to any premises, site or location which is or was at any time owned or occupied by, rented or loaned to, or  
used by any insured."

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CHEMPLAN PRODUCTS POLLUTION COVERAGE AND CHEMICAL PRODUCTS REDEFINED

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

1. Under **Section I., Coverage A, 2. Exclusions**, Exclusion **f. Pollution** does not apply to any "bodily injury" or "property damage" falling within the subparagraphs **f. (1)(b), (c), or (d)**, or any loss, cost or expense falling within the subparagraph **f. (2)**:
  - a. From the time "your product" is placed in to use for its intended purpose(s); or
  - b. until "your product", any part of it, or any material containing "your product" is first taken out of use, abandoned, or transported, handled, stored, treated, disposed of, or processed as waste.Waste includes materials to be recycled, reconditioned or reclaimed.
2. Under **Section V., Definitions**, Paragraph **c.** of Definition **21. "Your product"** is amended to read as follows:
  - c. Does not include vending machines or other property rented to or located for the use of others but not sold. However, drums, totes, pails or other containers used to hold solid or liquid products are included.
3. Under **Section V., Definitions**, Paragraph **c.** is added to Definition **17. "Property damage"**:
  - c. Loss, cost or expense arising out of the testing, monitoring, cleanup, removal, containment, treatment, detoxification, neutralization or other response to or assessment of the effects of "pollutants". Paragraph **c.** does not apply to any premises, site or location which is or was at any time owned or occupied by, rented or loaned to, or used by any insured.

All other terms and conditions remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PRODUCTS/COMPLETED OPERATIONS HAZARD REDEFINED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

#### Description of Premises and Operations:

ANY LOCATION NOT OWNED BY A <sup>you</sup> ~~NAMED INSURED~~ AND WHOSE OPERATION IS OUTSIDE OF <sup>your</sup> ~~THE~~ CARE, CUSTODY OR CONTROL OF THE ~~NAMED INSURED~~ AND WHO STORES NAMED INSURED'S PRODUCT UNDER A RENTAL OR LEASE AGREEMENT.

*Rented, or Leased*

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to "bodily injury" or "property damage" arising out of "your products" manufactured, sold, handled or distributed: \*

1. On, from or in connection with the use of any premises described in the Schedule, or
2. In connection with the conduct of any operation described in the Schedule, when conducted by you or on your behalf,

Paragraph a. of the definition of "Products-completed operations hazard" in the DEFINITIONS Section is replaced by the following:

"Products-completed operations hazard":

- a. Includes all "bodily injury" and "property damage" that arises out of "your products" if the "bodily injury" or "property damage" occurs after you have relinquished possession of those products.

*including those that*  
\* ~~that~~ have been sold but not delivered

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **PRODUCTS/COMPLETED OPERATIONS HAZARD REDEFINED – CHEMPLAN PROGRAM**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

### **SCHEDULE**

**Description of Premises and Operations:**

ANY LOCATION NOT OWNED, RENTED OR LEASED BY YOU AND WHOSE OPERATION IS OUTSIDE YOUR CARE, CUSTODY OR CONTROL.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to "bodily injury" or "property damage" arising out of "your products" manufactured, sold, handled or distributed, including those that have been sold but not delivered:

1. On, from or in connection with the use of any premises described in the Schedule, or
2. In connection with the conduct of any operation described in the Schedule, when conducted by you or on your behalf,

Paragraph a. of the definition of "Products-completed operations hazard" in the DEFINITIONS Section is replaced by the following:

"Products-completed operations hazard":

- a. Includes all "bodily injury" and "property damage" that arises out of "your products" if the "bodily injury" or "property damage" occurs after you have relinquished possession of those products.

All other policy terms, conditions, definitions and exclusions remain unchanged.

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MISDELIVERY OF LIQUID PRODUCTS COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

Exclusion g. of COVERAGE A (Section 1) does not apply to "bodily injury" or "property damage" arising out of:

1. The delivery of any <sup>*SOLID OR*</sup> liquid product into a wrong receptacle or to a wrong address; or
2. The erroneous delivery of one liquid product for another by an "auto;" <sup>*SOLID OR*</sup>

if the "bodily injury" or "property damage" occurs after such operations have been completed or abandoned at the site of such delivery.

Operations which may require further service, maintenance, correction, repair or replacement of performance at the wrong address or because of any error, defect or deficiency, but which are otherwise completed, will be deemed completed.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **MISDELIVERY OF SOLID OR LIQUID PRODUCTS COVERAGE CHEMPLAN PROGRAM**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

Exclusion g. of COVERAGE A (Section I) does not apply to "bodily injury" or "property damage" arising out of:

1. The delivery of any solid or liquid product into a wrong receptacle or to a wrong address; or
2. The erroneous delivery of one solid or liquid product for another by an "auto;"

if the "bodily injury" or "property damage" occurs after such operations have been completed or abandoned at the site of such delivery.

Operations which may require further service, maintenance, correction, repair or replacement of performance at the wrong address or because of any error, defect or deficiency, but which are otherwise completed, will be deemed completed.

All other policy terms, conditions, definitions and exclusions remain unchanged.



<i>SERFF Tracking Number:</i>	<i>MEAD-125863995</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Star Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>STAR-AR-CHEM-GL-3 FORMS-1008</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0002 Completed Operations</i>
<i>Product Name:</i>	<i>Star-MU-Chem-3 Forms-1008</i>		
<i>Project Name/Number:</i>	<i>Star-MU-Chem-3 Forms-1008/Star-MU-Chem-3 Forms-1008</i>		

## Rate Information

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *MEAD-125863995*      *State:*      *Arkansas*  
*Filing Company:*      *Star Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *STAR-AR-CHEM-GL-3 FORMS-1008*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0002 Completed Operations*  
*Product Name:*      *Star-MU-Chem-3 Forms-1008*  
*Project Name/Number:*      *Star-MU-Chem-3 Forms-1008/Star-MU-Chem-3 Forms-1008*

## Supporting Document Schedules

		<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	Approved	11/04/2008

### Comments:

### Attachment:

NAIC Transmittal.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
Meadowbrook Insurance Group	0748

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Star Insurance Company	Michigan	18023	38-2626205	MI = 21
26255 American Drive				
Southfield, MI 48034-2438				

<b>5. Company Tracking Number</b>	Star-AR-Chem-GL-3 Forms-1008
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number] *SENT MEAD-125863 995*

6. Name and address	Title	Telephone #s	FAX #	e-mail
Louis Sugarman, Meadowbrook Insurance, 26255 American Drive, Southfield, MI 48034	Senior Compliance Analyst	248-204-8228 800-482-2726	248-358-1614	lsugarman@meadowbrook.com
<b>7. Signature of authorized filer</b>		<i>Louis Sugarman</i>		
<b>8. Please print name of authorized filer</b>		Louis Sugarman		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability - Claims Made/Occurrence
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0002 Completed Operations
<b>11. State Specific Product code(s) (if applicable)[See State Specific</b>	
<b>12. Company Program Title (Marketing title)</b>	Chemplan
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 12/01/08    Renewal: 12/01/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	10/20/08
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

*Desk-Filed in Domicile Michigan for Record-Keeping Purposes*

20. This filing transmittal is part of Company Tracking # Star-AR-Chem-GL-3 Forms-1008

Sent MEAD 125 863 995

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Star Insurance Company (Star) writes commercial lines of business, Star is a member of Insurance Services Office (ISO), and Star has authorized ISO to file rules and forms on our behalf in your state. For our Chemplan program, we hereby file to revise one independent form and to adopt two ISO-based independent forms. All three forms will be mandatory attachments to our Chemplan policies.

Attached please find strike-through and revised versions of each form. These forms are submitted on a prior approval basis, with a proposed effective date of 12/01/08.

22. Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT  
Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	Star-AR-Chem-GL-3 Forms-1008
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Serff MEAD-125863995

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Pollution Exclusion - Clarifying Endorsement "Your Product"	4383 GL 0408	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
02	Chemplan Products Pollution Coverage and Chemical Products Redefined	4383 GL 0808	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	4383 GL 0408	Stamped "Approved 11/29/04, Effective 01/01/05"
03	Products/ Completed Operations Hazard Redefined	CG 2407 0196	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
04	Products/ Completed Operations Hazard Redefined - Chemplan Program	4767 GL 0808	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG 2407 0196	
05	Misdelivery of Liquid Products Coverage	CG 2266 1185	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
06	Misdelivery of Solid or Liquid Products Coverage - Chemplan Program	4768 GL 0808	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG 2266 1185	
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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